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are defrauding the public, making them think they are full-fledged nurses. Thus the central directory will emphasize the meaning of registration, namely, to make a distinction between the genuine and the counterfeit.

Male nurses should also register on such a directory; and we also hope to do a little preventive work, for we ought to do what we can to have our list of nurse girls, that we may furnish girls qualified, in some ways at least, to that great number of mothers who are looking for some one to care for their babies and young children. Certainly in Baltimore we would be doing a two-fold duty, protecting child labor on the one hand and preventing slaughter of the innocents on the other. I believe you are better off in New York along this line, however, than we are in Baltimore.

To sum it all up, we hope not only to make the Maryland directory a clearing house for nurses, the doctors, and the public, so that any need in this line may be supplied, whether for private cases, institution work, children, or convalescents, thereby economizing much valuable time at a time when it can least be spared, but we hope to secure for registered nurses their rights as professional women.

TWO UNUSUAL TYPES OF ECLAMPSIA

By RUTH BREWSTER SHERMAN, R.N.

Graduate of Johns Hopkins Hospital

PROBABLY every nurse who has done much obstetric work has, during her training or private nursing, seen one or more cases of typical eclampsia which appeared at the usual time, received the ordinary treatment, and in due season terminated in either death or a good recovery. It is not the purpose of this paper to describe such an attack, which can be read up in any good book on obstetrics; but in the course of my work two very bad cases of eclampsia have come under my care which in important points varied from the usual form and which come under the head of unforeseen emergencies. For the benefit of others who may be taken by surprise in the same way it is intended to outline these attacks from a nurse's standpoint, with the treatment and results.

I. Mrs. T. was a large, healthy woman, aged twenty-six years, with one child fourteen months old. When this eldest child was born the mother had shown some albumin in the urine two or three days before delivery; she had been put on a milk diet and kept quiet for these few

days, the symptoms had disappeared, and the delivery and convalescence were uneventful.

When at term with the second child, albuminuria suddenly appeared, with scanty urine, visual disturbance and loss of memory; these conditions lasted two or three days, when she was again kept quiet and on a milk diet and the symptoms again cleared up. She went into labor and was delivered about midnight; the mother and baby were both in good condition and the doctor went away. Here occurs the unusual feature of this case. Ordinarily, when a patient with threatened eclampsia *has been delivered before any grave trouble has occurred, none follows*—the patient does well and gets well in due time. But this woman rested quietly for two hours after her child was born and then, at 2 A.M., with no other warning than a very slight noise in her throat, passed into a convulsion with all the features of fully developed eclampsia. Between 2 A.M. and 3 P.M. she had eight distinct convulsions, and in the short interval between the seizures lay in a deep coma.

She was given morphia and atropia hypodermically and a sweat bath. At 10 A.M. venesection was done and 750 c.c. of blood withdrawn from the right arm; following this she was given salt solution in the arm, in the breasts, by mouth through the stomach tube, and per rectum—six litres in all. At 2 P.M. another sweat bath was given; after this she was catheterized and 300 c.c. of urine obtained. The patient became conscious about this time.

After this there was no more trouble, the woman rallied well, the usual liquid diet and treatment with quantities of fluids were carried out, the urine increased steadily to an amount above normal. Soreness was felt for some days where the needles had been inserted in arm and breasts, but this soon passed off. Later convalescence was uneventful. The baby was very small but perfectly developed, was nursed after the second day, and did well in every respect for six months or more, though after that interval its condition was less satisfactory and its physical development rather retarded for two or three years. The mother sat up at the usual time and came downstairs in a month.

Mrs. T. had a third child sixteen months later, and had no sign of albuminuria at any time. She was very deaf for about three years after the eclampsia, but has become less so.

It is accepted as a fact among obstetricians that a woman may have the preceding symptoms of eclampsia with each one of several successive children, and there will be the same, or increasing, danger with each return; but that when a woman once has regularly developed eclampsia *with distinct convulsions* and recovers, she never has it again. Up to

1904, at least, there were no reported cases of a return, and obstetricians agreed in regarding a patient who had passed through eclamptic convulsions as immune from further attacks and safer than if she had never had one.

II. Mrs. J. was a woman of unusual size, superb physique and great beauty, and apparently in perfect general health, aged about thirty-two years. She had three children aged nine, seven, and four years, and during each pregnancy had shown albuminuria and other premonitory symptoms. The eldest child had been born at about six and one-half months and saved by incubation. After the third child a uræmic condition had apparently become chronic or latent, her health was excellent, and she led an active and very happy life; but an oculist who examined her eyes when her youngest child was three years old found them affected by a condition of chronic uræmia.

She was about five months advanced in the fourth pregnancy when albuminuria appeared and she was put on a restricted diet under close watch. Later the diet was bread and milk only. At six months the first convulsion occurred, early one morning. Abortion was induced as quickly as possible; the child, which lived only two hours, being delivered at 9 A.M. The uterus was packed, no more convulsions occurred, the patient became conscious, and her mind was clear; the day was uneventful; between 6 and 9 P.M. the urine was voided twice. The night passed quietly; the patient slept at intervals and when awake was comfortable and calm, drinking water freely and speaking lovingly of her family and the happiness of her life. At 9 A.M. the doctor said that danger was passed, and for the first time left the house. Here occurs the unusual feature of this case. When a woman has passed through eclamptic convulsions, *if the urine is voided naturally and the mind becomes clear, the danger is believed to be over* and the way to recovery begun. But at 10.30 A.M. this woman passed without warning into deep coma, and died an hour later without recovering consciousness. During this interval, heat, with every form of external and internal stimulation were applied, while the doctor also (on the mere chance of a possible internal hemorrhage, which had not occurred) unpacked the uterus, expressed the clots, inserted ice, repacked, and used violent external massage.

It has seemed wise to me to review these two cases for the benefit of other nurses, because each shows a departure from rules which are commonly looked upon as reliable. In the first instance a woman who had premonitory symptoms and had been delivered passed into convulsions *after the uterus was empty*, and was only saved after thirteen

hours of hard effort and grave anxiety. In the second instance a woman who had passed through convulsions and forced abortion, whose symptoms had disappeared and whose natural action of mind and kidneys had been restored, *relapsed the next day* and died in spite of every effort. In each case it was not merely the nurses who were taken by surprise, but also the doctor, a man of wide experience and highest authority.

NOTE.—These cases both occurred in the practice of Dr. Whitridge Williams in Baltimore, but since the publication of his "Obstetrics," 1903. There were two nurses with each patient. In the chapter on eclampsia of Dr. Williams's "Obstetrics" can be found much information bearing on postpartum seizures such as the first case quoted in my paper. I am indebted to personal conversations with him for the rules above laid down as to, (1) the later immunity of eclamptic women, and (2) the prognosis after the mind and kidneys have cleared up.

THE BURGLAR

BY ISABEL McISAAC

WHEN women undertake to live in remote or lonely places, an important point to be considered is their means and ability for defending themselves in case of burglars, tramps, or worse attacks. Euphemia has always been fearless and ready to defend herself under all circumstances, and while I have never been a look-under-the-bed-at-night sort of a person I haven't exactly hankered for a chance to encounter vicious intruders either by night or day.

Our neighbors assured us that we had nothing worse to fear than sneak thieves, who might swipe (that is the only word to express it) a few apples or other fruit, unless it might be chicken thieves who were not unknown, and might be ugly if cornered, but house burglary was almost unknown in the country.

When one goes to California from Chicago—the windy city—they assure you that the high lake winds of Chicago are unknown in Pasadena, and when one goes to Santa Monica the next day one loses her hat from the open car and is delayed by a car which has been *blown off the track*. They also tell you that they do not have thunderstorms, and the next week the flag staff on one's hotel is struck by lightning, and I have heard of places which bore the reputation of not having mosquitoes, where many persons suffered from malaria. So when we were told not to be afraid of burglars, we were not timid nor worried but looked after our locks and latches, had two dogs, and a revolver on the corner of the bureau in Euphemia's bedroom, and also had the telephone put into